PHA Plans

U.S. Department of Housing and Urban Development

OMB No. 2577-0226 (exp 05/31/2006)

Streamlined 5-Year/Annual Version

Office of Public and Indian Housing

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2005 - 2010 Streamlined Annual Plan for Fiscal Year 2006

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

20005

HA Code: ND030

Streamlined Five-Year PHA Plan Agency Identification

| PHA Name: Benson Count | y Housii | ng Authority | PHA Number | :: ND030 |
|---|---|---|---|----------------------------|
| PHA Fiscal Year Beginnin | g: (mm/ | yyyy) 01/01/2005 | | |
| PHA Programs Administer X Public Housing and Section 8 Number of public housing units: Number of S8 units: | B ☐Se | • — | ublic Housing Only er of public housing units: | • |
| PHA Consortia: (check be | ox if subn | nitting a joint PHA F | Plan and complete | table) |
| Participating PHAs | PHA Code | Program(s) Included in the Consortium | Programs Not in the Consortium | # of Units Each Program |
| Participating PHA 1: | | | | |
| Participating PHA 2: | | | | |
| Participating PHA 3: | | | | |
| (select all that apply) X Main administrative offic PHA development manag PHA local offices | | | | |
| Display Locations For PHA The PHA Plans and attachments apply) Main administrative offic PHA development manag PHA local offices Main administrative offic Main administrative offic Public library PHA website Other (list below) | (if any) are e of the Placement off the local e of the Co | e available for public : HA ices cal government ounty government | | et all that |
| PHA Plan Supporting Documents Main business office of the PHA development management | ne PHA | • | (select all that appl | y) |

| PHA Nam 20005 HA Code: | |
|---|---|
| | Other (list below) Steamlined Five -Year PHA Plan PHA FISCAL YEARS 20 20 [24 CFR Part 903.12] |
| State the | ission PHA's mission for serving the needs of low-income, very low income, and extremely low-income families |
| in the PI | HA's jurisdiction. (select one of the choices below) The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. |
| incom | The PHA's mission is: n County Housing Authority's mission is to provide safe, affordable housing for low e and moderate income residents of Benson County and to promote the economic fficiency of the families being served without discrimination |
| in recent objective ENCOU OBJEC numbers | Dals Is and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized to legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or es. Whether selecting the HUD-suggested objectives or their own, PHAs ARE STRONGLY URAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR TIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as a of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the or below the stated objectives. |
| HUD S | Strategic Goal: Increase the availability of decent, safe, and affordable housing. |
| | PHA Goal: Expand the supply of assisted housing Objectives: Apply for additional rental vouchers: |
| Stock | Reduce public housing vacancies: Reach 95% occupancy in all Public Housing Leverage private or other public funds to create additional housing opportunities: Acquire or build units or developments Other (list below) |
| | PHA Goal: Improve the quality of assisted housing Objectives: Improve public housing management: (PHAS score) Improve voucher management: (SEMAP score) Increase customer satisfaction: Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Renovate or modernize public housing units: |

20005 HA Code: ND030 Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: \boxtimes PHA Goal: Increase assisted housing choices Objectives: Provide voucher mobility counseling: Conduct outreach efforts to potential voucher landlords Increase voucher payment standards Implement youcher homeownership program: Implement public housing or other homeownership programs: Implement public housing site-based waiting lists: Convert public housing to vouchers: Other: (list below) **HUD Strategic Goal: Improve community quality of life and economic vitality** \boxtimes PHA Goal: Provide an improved living environment Objectives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Other: (list below) HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals \boxtimes PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: Increase the number and percentage of employed persons in assisted families: Provide or attract supportive services to improve assistance recipients' employability: Provide or attract supportive services to increase independence for the elderly or families with disabilities. \boxtimes Other: (list below) Assist families in finding and enrolling in the supportive services provided in the county and region.

5-Year Plan for Fiscal Years: 2005 - 2010

PHA Name:

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

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PHA Name: 20005

HA Code: ND030

| \boxtimes | PHA (| Goal: Ensure equal opportunity and affirmatively further fair housing |
|-------------|-------------|---|
| | Object | ives: |
| | \boxtimes | Undertake affirmative measures to ensure access to assisted housing regardless of |
| | | race, color, religion national origin, sex, familial status, and disability: |
| | \boxtimes | Undertake affirmative measures to provide a suitable living environment for |
| | | families living in assisted housing, regardless of race, color, religion national |
| | | origin, sex, familial status, and disability: |
| | | Undertake affirmative measures to ensure accessible housing to persons with all |
| | | varieties of disabilities regardless of unit size required: |
| | \boxtimes | Other: (list below) |
| | | Supply applicants with Fair Housing information and brochure & Housing |
| | | Discrimination policy & forms. |
| Other | PHA (| Goals and Objectives: (list below) |

 $To\ improve\ administrative\ tasks.$

OBJECTIVES:

- A) Submit monthly reports addressing BCHA's progress on findings and corrective steps to HUD until reports are satisfied.
- B) Submit required reports on a timely manner for both Section 8 and Public Housing.
- C) Improve tenant files to be in compliance with HUD regulations.
- D) Improve steps toward becoming a high standard housing authority.
- 6. To improve administrative tasks.

OBJECTIVES:

- E) Submit monthly reports addressing BCHA's progress on findings and corrective steps to HUD until reports are satisfied.
- F) Submit required reports on a timely manner for both Section 8 and Public Housing.
- G) Improve tenant files to be in compliance with HUD regulations.
- H) Improve steps toward becoming a high standard housing authority.

Annual Plan for FY

Name: 5-Year Plan for Fiscal Years: 2005 - 2010 Annual Plan for FY

PHA Name: 20005

5-Year Plan for Fiscal Years: 2005 - 2010 HA Code: ND030

PHA Name:

Annual Plan for FY 20005

Streamlined Annual PHA Plan

PHA Fiscal Year 2005

[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

| ANNUAL STREAMLINED PHA PLAN COMPONENTS |
|---|
| 1. Housing Needs |
| 2. Financial Resources |
| 3. Policies on Eligibility, Selection and Admissions |
| 4. Rent Determination Policies |
| 5. Capital Improvements Needs |
| 6. Demolition and Disposition |
| 7. Homeownership |
| 8. Civil Rights Certifications (included with PHA Certifications of Compliance) |
| 9. Additional Information |
| a. PHA Progress on Meeting 5-Year Mission and Goals |
| b. Criteria for Substantial Deviations and Significant Amendments |
| c. Other Information Requested by HUD |
| Resident Advisory Board Membership and Consultation Process |
| ii. Resident Membership on the PHA Governing Board |
| iii. PHA Statement of Consistency with Consolidated Plan |
| iv. (Reserved) |
| 10. Project-Based Voucher Program |
| 11. Supporting Documents Available for Review |
| 12. FY 2005 Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation |
| Report |
| 13. Capital Fund Program 5-Year Action Plan |
| |

| 14. Other (List below, | providing name for each item) |
|------------------------|-------------------------------|
|------------------------|-------------------------------|

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, <u>PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</u>

Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.

For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, *Certification for a Drug-Free Workplace*;

Form HUD-50071, Certification of Payments to Influence Federal Transactions;

Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

Executive Summary (optional)

With the assistance of the Board of Commissioners, our residents and the administrative staff of the Housing Authority; we have assembled the Housing Authority of Benson County's Annual Plan and Five-Year Plan. The Plan addresses all the statutory components as required by the Department of Housing and Urban Development (HUD). In keeping with its mission, the Housing Authority will work towards fully utilizing all funding available to the Authority so as to maximize the results in an environment of limited funding. This Plan was assembled using the most current information available at the time and does not reflect any changes of availability of funding by HUD.

The Housing Authority of Benson County will continue to provide safe, affordable housing for low-income and moderate-income residents of Benson County and to promote economic self-sufficiency to the families being served without discrimination.

The need for safe, affordable housing without discrimination remains outstanding. For the betterment of our region's families we believe that housing is the basis for economic self-sufficiency.

North Dakota's Consolidated Plan also indicates a continued need for quality, affordable housing, particularly for young families with below median income, which will contribute to their economic advancement. The battle for our community continues to be the fight with the ever- rising Devils Lake. Currently the process is beginning for the relocation of Highway 281 & 19, which will have families relocating. Our disabled-unit applications have been declining due to the lack of a hospital, clinic satellite, and no pharmacy available to those in need. Working with other agencies in our community has proven that there is availability and resources to meet the needs of our disabled and elderly tenants. We will continue to take steps to promote our available services through several channels in our community.

We will continue to provide the most services possible considering the funds available by being a competitive housing authority by updating and upgrading facilities and fixtures along with offering a safe, decent and affordable housing of their choice.

BCHA offers a Housing Choice Voucher Program. This program enables families to obtain decent, safe, and affordable housing by subsidizing a portion of each participant's

monthly rent and paying directly and promptly to the property owner. Any type of private rental housing is eligible. Owner's are required to meet the Housing Quality Standards along with regulations by HUD.

With the guidance and regulations set down in the Consolidated Plan and HUD's requirements are providing Benson County Housing Authority with a path to follow in serving the housing needs of Benson County. We feel that our Annual Plan and Five-Year Plan will enable us to continue to provide homes for our residents, so they may strive to excel economically and socially.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the PHA's Waiting Lists | | | | |
|--|---------------------------|---------------------------|-----------------|--|
| Waiting list type: (select one) | | | | |
| Section 8 tenant-based a | assistance | | | |
| Public Housing | | | | |
| Combined Section 8 and | d Public Housing | | | |
| Public Housing Site-Ba | sed or sub-jurisdictional | l waiting list (optional) | | |
| If used, identify which | h development/subjuriso | diction: | | |
| | # of families | % of total families | Annual Turnover | |
| Waiting list total | 4 | | | |
| Extremely low income | | | | |
| <=30% AMI | | | | |
| Very low income | | | | |
| (>30% but <=50% AMI) | | | | |
| Low income | | | | |
| (>50% but <80% AMI) | | | | |
| Families with children | 3 | 75% | | |
| Elderly families | 0 | | | |
| Families with Disabilities | 0 | | | |

| Hou | sing Needs of Familie | s on the PHA's Waiting Lis | sts |] | |
|---|--------------------------|-------------------------------|-------------------------------|---|--------------|
| Race/ethnicity | 2 | 19% | | | |
| Race/ethnicity | | | | | |
| Race/ethnicity | | | | | |
| Race/ethnicity | | | | | |
| | | _ | | | |
| Characteristics by Bedroom | | | | | |
| Size (Public Housing Only) | | | | | |
| 1BR | | | | | |
| 2 BR | | | | | |
| 3 BR | 2 | | | | |
| 4 BR | | | | | |
| 5 BR | | | | | |
| 5+ BR | | | | | |
| Is the waiting list closed (sele | ect one)? No | Yes | | | |
| If yes: | / — — | | | | |
| | closed (# of months)? |) | | | |
| | | he PHA Plan year? 🔲 No [| □ Ves | | |
| | | families onto the waiting lis | | | |
| No ☐ Yes | i specific categories of | rammes onto the waiting its | it, even if generally closed: | | |
| 1101es | | | |] | |
| | the PHA's strategy for | | ds of families on the PHA's p | oublic housing and Section 8 waiting lists IN | THE UPCOMING |
| YEAR, and the Agency's reas | sons for choosing this s | strategy. | | | |
| (1) Strategies Need: Shortage of afform | rdable housing fo | r all eligible population | ns | | |
| Strategy 1. Maximize to Select all that apply | he number of affo | rdable units available | to the PHA within its | current resources by: | |
| 20120t all tilat apply | | | | | |
| Employ effective | maintenance and r | nanagement policies to | minimize the number of | f public housing units off-line | |

Reduce turnover time for vacated public housing units Reduce time to renovate public housing units Seek replacement of public housing units lost to the inventory through mixed finance development Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program Participate in the Consolidated Plan development process to ensure coordination with broader community strategies Other (list below) Strategy 2: Increase the number of affordable housing units by: Select all that apply Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of mixed - finance housing Pursue housing resources other than public housing or Section 8 tenant-based assistance. Other: (list below) Need: Specific Family Types: Families at or below 30% of median Strategy 1: Target available assistance to families at or below 30 % of AMI Select all that apply Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below)

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5-Year Plan for Fiscal Years: 2005 - 2010

PHA Name:

HA Code:

ND030

Need: Specific Family Types: Families at or below 50% of median Strategy 1: Target available assistance to families at or below 50% of AMI Select all that apply Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below) **Need: Specific Family Types: The Elderly** Strategy 1: Target available assistance to the elderly: Select all that apply Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) **Need: Specific Family Types: Families with Disabilities Strategy 1: Target available assistance to Families with Disabilities:** Select all that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)

Results of consultation with advocacy groups

Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs: Select if applicable Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below) Strategy 2: Conduct activities to affirmatively further fair housing Select all that apply Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units Market the section 8 program to owners outside of areas of poverty /minority concentrations Other: (list below) Other Housing Needs & Strategies: (list needs and strategies below) (2) Reasons for Selecting Strategies Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue: Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA Influence of the housing market on PHA programs Community priorities regarding housing assistance Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Board

2. Statement of Financial Resources

[24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

| Financial Resources: Planned Sources and Uses | | | |
|---|-------------|--------------|--|
| Sources | Planned \$ | Planned Uses | |
| 1. Federal Grants (FY 2005 grants) | | | |
| a) Public Housing Operating Fund | \$8,193.00 | Operations | |
| b) Public Housing Capital Fund | \$30,000.00 | | |
| c) HOPE VI Revitalization | | | |
| d) HOPE VI Demolition | | | |
| e) Annual Contributions for Section 8 Tenant- Based Assistance | \$49,068.00 | | |

5-Year Plan for Fiscal Years: 2005 - 2010

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| Financial Resources: Planned Sources and Uses | | | | |
|---|--------------|---------------|--|--|
| Sources | Planned \$ | Planned Uses | | |
| f) Resident Opportunity and Self-Sufficiency | | | | |
| Grants | | | | |
| g) Community Development Block Grant | | | | |
| h) HOME | | | | |
| Other Federal Grants (list below) | | | | |
| 2. Prior Year Federal Grants (unobligated | | | | |
| funds only) (list below) | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3. Public Housing Dwelling Rental Income | \$56,600.00 | | | |
| | | | | |
| 4.00 | | | | |
| 4. Other income (list below) | #1 000 00 | DIT O | | |
| Other Rental Income | \$1,000.00 | PH Operations | | |
| 4.57 .0.3 .1 | | PH Operations | | |
| 4. Non-federal sources (list below) | | | | |
| | | | | |
| | | | | |
| Total resources | \$144,861.00 | | | |
| | | | | |

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.12 (b), 903.7 (b)]

A. Public Housing

PHA Name:

HA Code: ND030

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

| a. Whe | when families are within a certain number of being offered a unit: 2 When families are within a certain time of being offered a unit: (state time) Other: (describe) |
|--------|--|
| b. Whi | ch non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)? Criminal or Drug-related activity Rental history Housekeeping Other (describe) |
| d. 🔲 | Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) |
| (2)Wa | iting List Organization |
| a. Whi | ch methods does the PHA plan to use to organize its public housing waiting list (select all that apply) Community-wide list Sub-jurisdictional lists Site-based waiting lists Other (describe) |
| b. Wh | ere may interested persons apply for admission to public housing? PHA main administrative office PHA development site management office |
| | PHA development site management office |

| PHA Name: HA Code: ND030 | 5-Yea | r Plan for Fiscal Years: 2005 - | 2010 | Annual Plan for FY 20005 | | |
|-----------------------------|--------------------|---------------------------------|--|--|--|--|
| | Other (list below) | | | | | |
| c. Site-Based Waitin | ig Lists-Previo | is rear | | | | |
| 1. Has the PHA | operated one of | or more site-based wa | iting lists in the pre | vious year? If yes, co | omplete the following table; if not skip to d. | |
| | • | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | C'4 D 1337 44 T | | | 1 | |
| | | Site-Based Waiting Li | sts | | | |
| Development | Date Initiated | Initial mix of Racial, | Current mix of | Percent change | | |
| Information: | | Ethnic or Disability | Racial, Ethnic or | between initial | | |
| (Name, number, | | Demographics | Disability | and current mix | | |
| location) | | | Demographics since Initiation of SBWL | The state of the s | | |
| | | | Initiation of SDWL | or Disability demographics | | |

| 2. | What is the number of site based waiting list developments to which families may apply at one time? |
|----|--|
| 3. | How many unit offers may an applicant turn down before being removed from the site-based waiting list? |
| | Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes cribe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, |

| | agreement or complaint below: |
|--|---|
| d. | Site-Based Waiting Lists – Coming Year |
| | If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment |
| | 1. How many site-based waiting lists will the PHA operate in the coming year? |
| | 2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists? |
| | 3. Yes No: May families be on more than one list simultaneously If yes, how many lists? |
| 4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all tha PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below) (3) Assignment | |
| | a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One Two Three or More |
| | b. Yes No: Is this policy consistent across all waiting list types? |

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PHA Name:

| e. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA: |
|---|
| (4) Admissions Preferences |
| a. Income targeting: Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income? |
| b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) Emergencies Over-housed Under-housed Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below) |
| c. Preferences 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy) |
| 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) |
| Former Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence |

5-Year Plan for Fiscal Years: 2005 - 2010

PHA Name:

| П | Substandard housing |
|--------|---|
| Ħ | Homelessness |
| | High rent burden (rent is > 50 percent of income) |
| | |
| Other | preferences: (select below) |
| | Working families and those unable to work because of age or disability |
| | Veterans and veterans' families |
| | Residents who live and/or work in the jurisdiction |
| Ц | Those enrolled currently in educational, training, or upward mobility programs |
| Ц | Households that contribute to meeting income goals (broad range of incomes) |
| | Households that contribute to meeting income requirements (targeting) |
| 빌 | Those previously enrolled in educational, training, or upward mobility programs |
| L. | Victims of reprisals or hate crimes |
| Ш | Other preference(s) (list below) |
| repres | he PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box enting your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or h a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc. |
| □ D | rate and Time |
| Forme | r Federal preferences: |
| | Involuntary Displacement (Disaster, Government Action, Action of Housing |
| | Owner, Inaccessibility, Property Disposition) |
| | Victims of domestic violence |
| | Substandard housing |
| | Homelessness |
| | High rent burden |
| Other | preferences (select all that apply) |

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PHA Name:

| | Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |
|--------|---|
| 4. Rel | ationship of preferences to income targeting requirements: |
| | The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements |
| (5) Oc | <u>ecupancy</u> |
| | at reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that |
| app | The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list) |
| b. Hov | w often must residents notify the PHA of changes in family composition? (select all that apply) At an annual reexamination and lease renewal Any time family composition changes At family request for revision |

5-Year Plan for Fiscal Years: 2005 - 2010

PHA Name:

| (6) Deconcentration | n and Income | e Mixing | | |
|--------------------------------------|--|--|--|--|
| a. Yes No: | | IA have any general occupancy (fis complete. If yes, continue to the | | ments covered by the deconcentration rule? If no, |
| b. Yes No: | • | hese covered developments have nts? If no, this section is complete | _ | w 85% to 115% of the average incomes of all such ats on the following table: |
| | Deconce | ntration Policy for Covered Developm | nents | 1 |
| Development Name | Number of Units | Explanation (if any) [see step 4 at §903.2(c)(1)(iv)] | Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] | |
| | | | | |
| | fied, all questior | er section 8 are not required to complete us in this section apply only to the tens | | ram (vouchers, and until completely merged into the |
| Criminal or Criminal and More genera | drug-related addrug-related addrug-related addrug-related and screening that | conducted by the PHA? (select a ctivity only to the extent required activity, more extensively than rean criminal and drug-related activ | by law or regulation equired by law or regulation | |
| | , | request criminal records from lo | ocal law enforcement agencies for | or screening purposes? |

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| c. \square Yes \boxtimes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? |
|---|
| d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) |
| e. Indicate what kinds of information you share with prospective landlords? (select all that apply) Criminal or drug-related activity Other (describe below) Name & address of former landlords (2) Waiting List Organization |
| a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply) None Federal public housing Federal moderate rehabilitation Federal project-based certificate program Other federal or local program (list below) |
| b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply) PHA main administrative office Other (list below) |
| (3) Search Time |
| a. Yes No: Does the PHA give extensions on standard 60-day period to search for a unit? If yes, state circumstances below: |
| (4) Admissions Preferences |

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| Income targeting |
|--|
| Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income? |
| Preferences Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs) |
| Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal references or other preferences) |
| ormer Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income) |
| ther preferences (select all that apply) |
| Working families and those unable to work because of age or disability |
| Veterans and veterans' families |
| Residents who live and/or work in your jurisdiction |
| Those enrolled currently in educational, training, or upward mobility programs |
| Households that contribute to meeting income goals (broad range of incomes) |
| Households that contribute to meeting income requirements (targeting) |
| Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes |
| |
| Other preference(s) (list below) |

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3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box

| | enting your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or gh a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc. |
|---------|--|
| | Date and Time |
| Forme | er Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden |
| Other | preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |
| 4. An | nong applicants on the waiting list with equal preference status, how are applicants selected? (select one) Date and time of application Drawing (lottery) or other random choice technique |
| 5. If t | the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one) This preference has previously been reviewed and approved by HUD |

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The PHA requests approval for this preference through this PHA Plan

PHA Name:

| 6. R | elationship of preferences to income targeting requirements: (select one) The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements |
|------------|---|
| <u>(5)</u> | Special Purpose Section 8 Assistance Programs |
| | which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section rogram administered by the PHA contained? (select all that apply) The Section 8 Administrative Plan Briefing sessions and written materials Other (list below) |
| о. Н Х | How does the PHA announce the availability of any special-purpose section 8 programs to the public? Through published notices Other (list below) |
| 4. P | PHA Rent Determination Policies |
| 1) | Rents are due and payable in full on or before the first day of each month. |
| 2) | If another payment schedule is more suited for your circumstances, you must execute a written agreement with BCHA stipulating the day of the month in which rent will be due. |
| 3) | If payment is not received by the 10th of the month, or on or before the stipulated day of each month via a written agreement, a \$10.00 late charge will be applied. |
| 1) | If rents are not received by the 11th of the month, or on or before the stipulated date of payment via written agreement, the eviction process will commence. |

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| 5) | Receipt of a NSF or No account check constitutes material non-compliance with the terms of the lease and could result in termination of tenancy. Once a NSF check is received, a money order or cash will be the only acceptable means of payment. \$20.00 fee will be assessed to the account. |
|-------------|--|
| | Public Housing |
| Exemp | otions: PHAs that do not administer public housing are not required to complete sub-component 4A. |
| Descril | ncome Based Rent Policies be the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and ions, in the appropriate spaces below. |
| a. Us | e of discretionary policies: (select one of the following two) |
| | The PHA will <u>not employ</u> any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2)) |
| \boxtimes | The PHA employs discretionary policies for determining income-based rent (If selected, continue to question b.) |
| b. Mi | inimum Rent |
| 1. Wh | nat amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50 |
| 2. | Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? |

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| 2. If yes to question 2, list these policies below: |
|---|
| c. Rents set at less than 30% of adjusted income |
| Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 80% of adjusted income? |
| 2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below: 1 bedroom - \$250, 2 bedroom - \$325 + utilities, 3 bedroom - \$350 |
| 1. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below: Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below: |
| For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below) Child support Celling rents |
| Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one) |
| |

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| | Yes for all developments Yes but only for some developments No or which kinds of developments are ceiling rents in place? (select all that apply) |
|-------|---|
| | For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below) |
| 3. Se | Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below) |
| f. Re | nt re-determinations: |
| | tween income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result adjustment to rent? (select all that apply) |
| | Never |

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| At family option |
|---|
| At family option Any time the family experiences an income increase Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) Other (list below) |
| Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) |
| Other (list below) |
| Change in family composition, decrease in household income, increase in household income |
| g. Yes No: Does the PHA plan to implement individual savings accounts for residents |
| (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in |
| of rent increases in the next year? |
| (2) Flat Rents |
| |
| a. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.) |
| ☐ The section 8 rent reasonableness study of comparable housing ☐ Survey of rents listed in local newspaper ☐ Survey of similar unassisted units in the neighborhood ☐ Other (list/describe below) |
| Survey of rents listed in local newspaper |
| Survey of similar unassisted units in the neighborhood |
| Other (list/describe below) |
| B. Section 8 Tenant-Based Assistance |
| Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this |
| section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates). |
| (1) Payment Standards |
| Describe the voucher payment standards and policies. |
| |
| a. What is the PHA's payment standard? (select the category that best describes your standard) |
| At or above 90% but below100% of FMR |
| At or above 90% but below 100% of FMR 100% of FMR Above 100% but at or below 110% of FMR Above 110% of FMR (if HUD approved; describe circumstances below) |
| Above 100% but at or below 110% of FMR |
| Above 110% of FMR (if HUD approved; describe circumstances below) |

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b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket Other (list below) c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply) FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area Reflects market or submarket To increase housing options for families Other (list below) d. How often are payment standards reevaluated for adequacy? (select one) Annually Other (list below) e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply) Success rates of assisted families Rent burdens of assisted families Other (list below) (2) Minimum Rent a. What amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25

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\$26-\$50

Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

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| PHA Name: HA Code: | ND030 | 5-Year Plan for Fiscal Years: 2005 - 2010 | Annual Plan for FY 20005 | |
|-----------------------|-----------------|--|---|-----|
| [24 CFR Par | rt 903.12(b), 9 | ovement Needs 903.7 (g)] nent 5: Section 8 only PHAs are not required to complete | this component and may skin to Component 6 | |
| A. Capi | tal Fund | Activities | Fund Program may skip to component 5B. All other PHAs must complete 5A as instructed | d. |
| · | al Fund Pro | • | | |
| (1) Capita — | 11 F unu 1 F | ogi ani | | |
| a. 🛚 Ye | es 🗌 No | Does the PHA plan to participate in the Capital template (Capital Fund Program tables). If no, | Fund Program in the upcoming year? If yes, complete items 12 and 13 of the skip to B. | his |
| b. 🗌 Ye | es 🔀 No: | PHA must identify in its annual and 5-year capi | CFP funds to repay debt incurred to finance capital improvements? If so, t tal plans the development(s) where such improvements will be made and slused and the amount of the annual payments required to service the debt. (In financing activities.). | how |
| | E VI and | Public Housing Development and Rep | lacement Activities | |
| | | ponent 5B: All PHAs administering public housing. Identiund Program Annual Statement. | fy any approved HOPE VI and/or public housing development or replacement activities needs | ot |
| (1) Hope | VI Revitali | zation | | |
| a. Yes | s No: | Has the PHA received a HOPE VI revitalization on chart below for each grant, copying and com | n grant? (if no, skip to next component; if yes, provide responses to questio pleting as many times as necessary) | ns |

Status of HOPE VI revitalization grant (complete one set of questions for each grant)

b.

| | Development name: Development (project) number: Status of grant: (select the statement that best describes the current status) Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved | | | |
|---|---|---|--|--|
| | Activities pursuant to an approved Revitalization Plan underway | | | |
| e. Yes No: | Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan | year? If yes, list development name/s below: | | |
| d. Yes No: | Will the PHA be engaging in any mixed-finance development activities for p developments or activities below: | public housing in the Plan year? If yes, list | | |
| e. Yes No: | Will the PHA be conducting any other public housing development or replace Program Annual Statement? If yes, list developments or activities below: | rement activities not discussed in the Capital Fund | | |
| 6. Demolition an 24 CFR Part 903.12(b), | 903.7 (h)] | | | |
| Applicability of components | ent 6: Section 8 only PHAs are not required to complete this section. | | | |
| a. Yes No: | Does the PHA plan to conduct any demolition or disposition activities (pursu Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandate skip to component 7; if "yes", complete one activity description for each dev | ory Conversion) in the plan Fiscal Year? (If "No" | | |
| | Demolition/Disposition Activity Description | | | |
| a. Development name: 1b. Development (project) number: | | | | |
| 2. Activity type: Demolition | | | | |
| | sition | | | |
| | | | | |

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| 3. Application status (select one) | | | | | | | |
|--------------------------------------|--|---|--|--|--|--|--|
| Approved | | | | | | | |
| Submitted, pending approval | | | | | | | |
| Planned application | Planned application | | | | | | |
| 4. Date application app | roved, submitted, or planned for submission: (DD/MM/YY) | | | | | | |
| 5. Number of units affe | cted: | | | | | | |
| 6. Coverage of action (| select one) | | | | | | |
| Part of the develop | ment | | | | | | |
| ☐ Total development | | | | | | | |
| 7. Timeline for activity | ' : | | | | | | |
| a. Actual or pro | jected start date of activity: | | | | | | |
| b. Projected en | d date of activity: | | | | | | |
| [24 CFR Part 903.120 | the Based AssistanceSection 8(y) Homeownership Program (b), 903.7(k)(1)(i)] Does the PHA plan to administer a Section 8 Homeownership program purse implemented by 24 CFR part 982? (If "No", skip to the next component; if (copy and complete questions for each program identified.) | • | | | | | |
| (2) Program Description | | | | | | | |
| a. Size of Program Yes No: | Will the PHA limit the number of families participating in the Section 8 hon | neownership option? | | | | | |
| | If the answer to the question above was yes, what is the maximum number o | f participants this fiscal year? | | | | | |
| b. PHA-established e | ligibility criteria Will the PHA's program have eligibility criteria for participation in its Section | on 8 Homeownership Option program in addition | | | | | |

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to HUD criteria? If yes, list criteria below:

c. What actions will the PHA undertake to implement the program this year (list)?

(3) Capacity of the PHA to Administer a Section 8 Homeownership Program

| The PHA has demonstrated its capacity to administer the program by (select all that apply): |
|--|
| a. Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of |
| the purchase price comes from the family's resources. |
| b. Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or |
| Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector |
| underwriting standards. |
| c. Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below). |
| d. Demonstrating that it has other relevant experience (list experience below). |
| |

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans, which is submitted to the Field Office in hard copy—see Table of Contents.

9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 20____ - 20____.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

Housing

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

Increased Section 8 participation, Promoted crime-free housing, established flat rents, amended Admissions & Occupancy Policy to accommodate use of Public

a. Substantial Deviation from the 5-Year Plan

Substantial deviation from the 5-year plan would be to change the Mission Statement or any addition, deletion, or change to the Goals and Objectives of the HA.

b. Significant Amendment or Modification to the Annual Plan

A significant amendment or modification to the Annual Plan that would require public hearing and HUD review before implementation would be enay changes effecting applicants or participants of the housing program or changes, additions, or deletions effecting the Housing Authority's role in the Community. This would apply to policy changes made at the discretion of the Housing Authority's governing board and not policy changes mandated by HUD.

C. Other Information

[24 CFR Part 903.13, 903.15]

| (1) Res | sident Advisory Board Recommendations |
|---------|--|
| | Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? provide the comments below: |
| b. In w | hat manner did the PHA address those comments? (select all that apply) |
| | Considered comments, but determined that no changes to the PHA Plan were |
| | necessary. |
| | The PHA changed portions of the PHA Plan in response to comments |

List changes below: Other: (list below) (2) Resident Membership on PHA Governing Board The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E. a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year? \square Yes \bowtie No: If yes, complete the following: Name of Resident Member of the PHA Governing Board: Method of Selection: Appointment The term of appointment is (include the date term expires): Election by Residents (if checked, complete next section--Description of Resident Election Process) **Description of Resident Election Process** Nomination of candidates for place on the ballot: (select all that apply) Candidates were nominated by resident and assisted family organizations Candidates could be nominated by any adult recipient of PHA assistance Self-nomination: Candidates registered with the PHA and requested a place on ballot Other: (describe) Eligible candidates: (select one)

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Any recipient of PHA assistance Any head of household receiving PHA assistance Any adult recipient of PHA assistance Any adult member of a resident or assisted family organization Other (list) Eligible voters: (select all that apply) All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance) Representatives of all PHA resident and assisted family organizations Other (list) b. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis $\overline{\boxtimes}$ The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. \boxtimes Other (explain): We're currently awaiting approval from HUD for the acceptance of a tenant who is also employed with Benson County. Since the HA is an entity of local government, we are requesting an opinion from HUD on this matter. Date of next term expiration of a governing board member: Name and title of appointing official(s) for governing board (indicate appointing official for the next available position): Chairman of **Benson County Commisssioners** (3) PHA Statement of Consistency with the Consolidated Plan [24 CFR Part 903.15] For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary). **Consolidated Plan jurisdiction: (provide name here)**

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State of North Dakota

| | he PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all apply): |
|-------------------|---|
| | The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. |
| | The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below) |
| | Other: (list below) We will continue to take steps to promote our available services through several channels in our community. We will offer safe, decent, & affordable housing of their choice to families in our jurisdiction. |
| | he Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) Same as above (Reserved) |
| Use | this section to provide any additional information requested by HUD. |
| <u> 10. Proje</u> | ect-Based Voucher Program |
| a. Yes | No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following as. |
| _ | No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of ce is an appropriate option? |
| If | yes, check which circumstances apply: Low utilization rate for vouchers due to lack of suitable rental units |

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| PHA Name: HA Code: | 5-Year Plan for Fiscal Years: 2005 - 2010 ND030 | Annual Plan for FY 20005 | | | | | |
|-----------------------|--|--|--|--|--|--|--|
| | | | | | | | |
| | Access to neighborhoods outside of high poverty areas Other (describe below:) | | | | | | |
| c. Indic | ate the number of units and general location of units (e.g. eligible | census tracts or smaller areas within eligible census tracts): | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | 11. List of Supporting Documents Available for Review for Streamlined | | | | | | |
| | ear/ Annual PHA Plans | | | | | | |
| | PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents | | | | | | |
| must be on | must be on display if applicable to the program activities conducted by the PHA. List of Supporting Documents Available for Review | | | | | | |
| Applicable | Supporting Document Supporting Document | Related Plan Component | | | | | |
| & | | | | | | | |
| On Display | 1 | | | | | | |

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| Applicable | List of Supporting Documents Available for Review Supporting Document | Related Plan Component |
|------------|---|--|
| & | Supporting Document | |
| On Display | | |
| X | PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans. | Standard 5 Year and Annual Plans; streamlined 5 Year Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan. | 5 Year Plans |
| | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists. | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure. | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. Check here if included in the public housing A&O Policy. | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public housing rent determination policies, including the method for setting public housing flat rents. Check here if included in the public housing A & O Policy. | Annual Plan: Rent Determination |
| X | Schedule of flat rents offered at each public housing development. Check here if included in the public housing A & O Policy. | Annual Plan: Rent Determination |
| X | Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. Check here if included in Section 8 Administrative Plan. | Annual Plan: Rent Determination |
| | Main Check here if included in Section 8 Administrative Plan. Public housing management and maintenance policy documents, including policies | Annual Plan: Operation |

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| Applicable | List of Supporting Documents Available for Review Supporting Document | Related Plan Component |
|------------|--|--------------------------|
| & | 11 6 | • |
| On Display | | |
| | for the prevention or eradication of pest infestation (including cockroach | and Maintenance |
| | infestation). | |
| | Results of latest Public Housing Assessment System (PHAS) Assessment (or other | Annual Plan: Management |
| | applicable assessment). | and Operations |
| | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations |
| | | and Maintenance and |
| | | Community Service & |
| | | Self-Sufficiency |
| | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management |
| | | and Operations |
| | Any policies governing any Section 8 special housing types | Annual Plan: Operations |
| | check here if included in Section 8 Administrative Plan | and Maintenance |
| | Consortium agreement(s). | Annual Plan: Agency |
| | | Identification and |
| | | Operations/ Management |
| X | Public housing grievance procedures | Annual Plan: Grievance |
| | Check here if included in the public housing A & O Policy. | Procedures |
| X | Section 8 informal review and hearing procedures. | Annual Plan: Grievance |
| | ☐ Check here if included in Section 8 Administrative Plan. | Procedures |
| X | The Capital Fund/Comprehensive Grant Program Annual Statement /Performance | Annual Plan: Capital |
| | and Evaluation Report for any active grant year. | Needs |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP | Annual Plan: Capital |
| | grants. | Needs |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE | Annual Plan: Capital |
| | VI Revitalization Plans, or any other approved proposal for development of public | Needs |
| | housing. | |
| X | Self-evaluation, Needs Assessment and Transition Plan required by regulations | Annual Plan: Capital |
| | implementing Section 504 of the Rehabilitation Act and the Americans with | Needs |
| | Disabilities Act. See PIH Notice 99-52 (HA). | |
| | Approved or submitted applications for demolition and/or disposition of public | Annual Plan: Demolition |
| | housing. | and Disposition |
| | Approved or submitted applications for designation of public housing (Designated | Annual Plan: Designation |
| | Housing Plans). | of Public Housing |
| | Approved or submitted assessments of reasonable revitalization of public housing | Annual Plan: Conversion |
| | and approved or submitted conversion plans prepared pursuant to section 202 of the | of Public Housing |

5-Year Plan for Fiscal Years: 2005 - 2010 Annual Plan for FY 20005

HA Code: ND030

PHA Name:

| List of Supporting Documents Available for Review | | | | | | |
|---|--|---|--|--|--|--|
| Applicable & | Supporting Document | Related Plan Component | | | | |
| On Display | | | | | | |
| | 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937. | | | | | |
| | Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion. | Annual Plan: Voluntary Conversion of Public Housing | | | | |
| | Approved or submitted public housing homeownership programs/plans. | Annual Plan: Homeownership | | | | |
| | Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan) | Annual Plan: Homeownership | | | | |
| X | Public Housing Community Service Policy/Programs ☐ Check here if included in Public Housing A & O Policy | Annual Plan: Community Service & Self-Sufficiency | | | | |
| X | Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies. | Annual Plan: Community Service & Self-Sufficiency | | | | |
| | FSS Action Plan(s) for public housing and/or Section 8. | Annual Plan: Community Service & Self-Sufficiency | | | | |
| | Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing. | Annual Plan: Community Service & Self-Sufficiency | | | | |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing. | Annual Plan: Community Service & Self-Sufficiency | | | | |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☐ Check here if included in the public housing A & O Policy. | Pet Policy | | | | |
| | The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings. | Annual Plan: Annual Audit | | | | |
| | Consortium agreement(s), if a consortium administers PHA programs. | Joint PHA Plan for Consortia | | | | |
| | Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection | Joint PHA Plan for Consortia | | | | |
| | Other supporting documents (optional). List individually. | (Specify as needed) | | | | |

PHA Name: 5-Year Plan for Fiscal Years: 2005 - 2010 Annual Plan for FY 20005 HA Code: ND030

Attachment B: CAPITAL FUND PROGRAM TABLES START HERE

| Ann | ual Statement/Performance and Evalu | ation Report | | | |
|-------------|---|---|------------------------|---------------|------------------------------|
| Cap | ital Fund Program and Capital Fund I | Program Replacement 1 | Housing Factor (CF | P/CFPRHF) Par | t I: Summary |
| PHA N | Jame: Benson County HA | Grant Type and Number Capital Fund Program Grant No: N Replacement Housing Factor Grant | ND06P03050102 i No: | , | Federal FY of Grant: 2002 |
| | iginal Annual Statement Reserve for Disasters/ Eme formance and Evaluation Report for Period Ending: | ergenciesRevised Annual Stat | | | |
| Line No. | Summary by Development Account | Total Estimate | | Total Ac | tual Cost |
| - 1 - 1 | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 522 | 522 | 522 | 522 |
| 3 | 1408 Management Improvements | | | | |
| 3 4 5 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 25,693 | 32,088 | 3,000 | 3,000 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 7,275 | 0 | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 1,062 | 1,912 | 1,062 | 1,062 |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |

Annual Plan for FY 20005

| Ann | ual Statement/Performance and Evalua | ation Report | | | | |
|-------|---|---------------------------------|---------------------------|-----------------------|----------------------|--|
| Cap | ital Fund Program and Capital Fund P | rogram Replacement | Housing Factor (CF | FP/CFPRHF) Par | t I: Summary | |
| PHA N | ame: Benson County HA | Grant Type and Number | _ | | Federal FY of Grant: | |
| | | Capital Fund Program Grant No: | | | 2002 | |
| | | Replacement Housing Factor Gran | | | | |
| | ginal Annual Statement Reserve for Disasters/ Emer | | | | | |
| Per | formance and Evaluation Report for Period Ending: | Final Performance and | l Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost To | | | al Actual Cost | |
| No. | | | | | | |
| | | Original | Revised | Obligated | Expended | |
| 19 | 1501 Collaterization or Debt Service | | | | | |
| 20 | 1502 Contingency | | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 34,522 | 34,522 | 4,584 | 4,584 | |
| 22 | Amount of line 21 Related to LBP Activities | | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | · | | |

Annual Plan for FY 20005

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

| PHA Name: Benson County HA | | Grant Type and Number Capital Fund Program Grant No: ND06P030501-02 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 | | |
|---|---|--|--|----------------------|---------|---------------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. Quantity | | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| reavides | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide | Operations | 1406 | | 522 | 522 | 522 | 522 | |
| | Replace A/C units | 1460 | | 25,693 | 3,000 | 3,000 | 3,000 | |
| | Purchase New Appliances | 1465 | | 7,275 | 0 | 0 | 0 | |
| | Non Dwelling Equipment | 1475 | | 1,062 | 1,912 | 1,062 | 1,062 | |
| | Flooring | 1460 | | | 16,000 | | | |
| | Painting #21 & #22 | 1460 | | | 4,000 | | | |
| | Replace tub/shower, lavatories | 1460 | | | 3,000 | | | |
| | Replace doors #21 & #22 | 1460 | | | 2,000 | | | |
| | Replace blinds #21 & #22 | 1460 | | | 2,000 | | | |
| | Paint Exterior- Apts | 1460 | | | 2,088 | | | |
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5-Year Plan for Fiscal Years: 2005 - 2010

PHA Name:

HA Code: ND030

Annual Plan for FY 20005

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part III: Implementation Schedule** PHA Name: Benson County HA **Grant Type and Number Federal FY of Grant:** Capital Fund Program No:CO06P00750102 2002 Replacement Housing Factor No: Development Number All Fund Obligated All Funds Expended Reasons for Revised Target Dates (Quarter Ending Date) Name/HA-Wide (Quarter Ending Date) Activities Original Revised Original Revised Actual Actual 6/30/06 5/30/04 5/15/04 ND030

Attachment B: CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

Annual Plan for FY 20005

HA Code: ND030

| PHA N | ame: Benson County HA | Grant Type and Number Capital Fund Program Grant No: 1 | | Federal FY of Grant: 2003 | |
|-------|---|--|---------|---------------------------|-------------|
| | | Replacement Housing Factor Gran | | | |
| | ginal Annual Statement Reserve for Disasters/ Emer | | | | |
| | formance and Evaluation Report for Period Ending: | Final Performance and | | | |
| Line | Summary by Development Account | Total Estimate | ed Cost | Total Ac | tual Cost |
| No. | | Ordainal | Danisad | Obligated | E-m on do d |
| 1 | Total non-CFP Funds | Original | Revised | Obligated | Expended |
| 1 | | 6.022 | 6,022 | 6.022 | (022 |
| 2 | 1406 Operations | 6,022 | 6,022 | 6,022 | 6,022 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 15,000 | 12,707 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | 3,200 | | |
| 12 | 1470 Non-dwelling Structures | 7,407 | 6,500 | 6,500 | 6,500 |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 28,429 | 28,428 | 15,907 | 15,907 |
| 22 | Amount of line 21 Related to LBP Activities | | , | , | , |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

Annual Plan for FY 20005

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

| PHA Name: Benson | n County HA | Grant Type and Number Capital Fund Program Grant No: ND06P030501-03 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2003 | | |
|---|---|--|----------|-------------|------------|---------------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estin | nated Cost | Total Act | tual Cost | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| ND030 | Operations | 1406 | | 6,022 | 6,022 | 6,022 | 6,022 | |
| ND030 | Replace Countertops & Sinks 1 bedroom units | 1460 | | 15,000 | 0 | | | |
| ND030 | Non-Dwelling Structures | 1465 | | 7,407 | 6,500 | 6,500 | 6,500 | |
| | 504 Washer, Oven & Refrigerator | 1465 | | | 3,200 | | | |
| | Replace 2 windows – apts. | 1460 | | | 1,800 | | | |
| | Carpet Apts. | 1460 | | | 10,907 | | | |
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Annual Plan for FY 20005

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule PHA Name: Benson County HA **Grant Type and Number Federal FY of Grant:** Capital Fund Program No: ND06P030501-03 2003 Replacement Housing Factor No: All Funds Expended Reasons for Revised Target Dates Development Number All Fund Obligated (Quarter Ending Date) (Quarter Ending Date) Name/HA-Wide Activities Original Revised Original Actual Revised Actual 9/15/05 9/16/05 ND030

Attachment B: CAPITAL FUND PROGRAM TABLES START HERE

5-Year Plan for Fiscal Years: 2005 - 2010

PHA Name:

HA Code: ND030

| Annual Statement/Performance and Evaluation Report | |
|---|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | |

Annual Plan for FY 20005

| Annual Statement Capital Fund Prog Part II: Supporting | gram and | | - | ement Housi | ng Factor | (CFP/CFPRHF) |
|--|----------|--|---|-------------|-----------|--------------|
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Attachment B: CAPITAL FUND PROGRAM TABLES START HERE

| Ann | ual Statement/Performance and Evalua | ation Report | | | |
|-------|---|----------------------------------|----------------------|--------------------------|----------------|
| Cap | ital Fund Program and Capital Fund P | rogram Replacement l | Housing Factor (CF | P/CFPRHF) Pa | art I: Summary |
| PHA N | Jame: Benson County HA | Grant Type and Number | Federal FY of Grant: | | |
| | | Capital Fund Program Grant No: N | | | 2004 |
| | | Replacement Housing Factor Grant | | | |
| | ginal Annual Statement Reserve for Disasters/ Eme | | | | |
| Per | formance and Evaluation Report for Period Ending: | Final Performance and | Evaluation Report | | |
| Line | Summary by Development Account | Total Estimate | ed Cost | Total Actual Cost | |
| No. | | | | | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 9,495 | 4,294 | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 9,000 | 28,000 | | |

Annual Plan for FY 20005

| Ann | ual Statement/Performance and Evalua | ation Report | | | | |
|-------|---|---------------------------------|---------------------------|--------------------------|---------------|--|
| Cap | ital Fund Program and Capital Fund P | rogram Replacement | Housing Factor (C) | FP/CFPRHF) Pa | rt I: Summary | |
| PHA N | Name: Benson County HA | Grant Type and Number | · | Federal FY of Grant: | | |
| | • | Capital Fund Program Grant No: | | | 2004 | |
| | | Replacement Housing Factor Gran | | | | |
| = | iginal Annual Statement Reserve for Disasters/ Emer | · | | | | |
| Pei | formance and Evaluation Report for Period Ending: | Final Performance and | Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimat | ted Cost | Total Actual Cost | | |
| No. | | | | | | |
| | | Original | Revised | Obligated | Expended | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | 7,000 | | | | |
| 13 | 1475 Non-dwelling Equipment | 7,429 | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1490 Replacement Reserve | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | |
| 18 | 1499 Development Activities | | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | | |
| 20 | 1502 Contingency | | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 32,294 | 32,294 | | | |
| 22 | Amount of line 21 Related to LBP Activities | | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | | |

Annual Plan for FY 20005

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name: Benson County HA | | Replacement Hous | ram Grant No: ND | Federal FY of Grant: 2004 | | | | |
|---|---|------------------|------------------|---------------------------|---------|--------------------|-------------------|--|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | | | tual Cost | Status of Work | |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| ND030 | Operations | 1406 | | 4,924 | | | | |
| | Carpet & Flooring | 1460 | | 16,000 | | | | |
| | Basement Windows 21,22,23,24 &25 | 1460 | | 3,000 | | | | |
| | Windows 21 & 22 | 1460 | | 9,000 | | | | |
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5-Year Plan for Fiscal Years: 2005 - 2010

PHA Name:

HA Code: ND030

Annual Plan for FY 20005

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part III: Implementation Schedule** PHA Name: Benson County HA **Grant Type and Number Federal FY of Grant:** Capital Fund Program No: ND06P03050104 2004 Replacement Housing Factor No: Development Number All Fund Obligated All Funds Expended Reasons for Revised Target Dates (Quarter Ending Date) Name/HA-Wide (Quarter Ending Date) Activities Original Revised Original Revised Actual Actual 9/13/06 9/13/08 ND030

Attachment B: CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

Annual Plan for FY 20005

| PHA N | ame: Benson County HA | Grant Type and Number Capital Fund Program Grant No: | | Federal FY of Grant: | | |
|-------|---|--|--------------------------|----------------------|----------|--|
| | | Replacement Housing Factor Gran | nt No: | | 2003 | |
| ⊠Ori | iginal Annual Statement Reserve for Disasters/ Emer | | |) | | |
| Per | formance and Evaluation Report for Period Ending: | Final Performance and | Evaluation Report | , | | |
| Line | Summary by Development Account | Total Estimat | ed Cost | Total Actual Cost | | |
| No. | | | | | | |
| | | Original | Revised | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations | 5,000 | | | | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration | | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | 17,000 | | | | |
| 10 | 1460 Dwelling Structures | 8,000 | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1490 Replacement Reserve | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | |
| 18 | 1499 Development Activities | | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | | |
| 20 | 1502 Contingency | | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 30,000 | | | | |
| 22 | Amount of line 21 Related to LBP Activities | | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | | |

Annual Plan for FY 20005

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

| PHA Name: Bensor | n County HA | Grant Type and M Capital Fund Prog Replacement Hou | Number gram Grant No: ND0 sing Factor Grant No | Federal FY of Grant: 2005 | | | | |
|--|---|--|--|---------------------------|---------|--------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| ND030 | Operations | 1406 | 5,000 | | | | | |
| | Parking Lot | 1450 | 15,000 | | | | | |
| | Exterior Sign | 1450 | 2,000 | | | | | |
| | Community Furnishings | 1460 | 8,000 | | | | | |
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PHA Name: HA Code: ND030 5-Year Plan for Fiscal Years: 2005 - 2010

Annual Plan for FY 20005

| PHA Name: Benson County HA Grant Type and Nun Capital Fund Progran Replacement Housin | | | | m No: ND06P03050 |)105 | | Federal FY of Grant: 2005 |
|--|----------|----------------------------------|--------|------------------|---------|----------------------------------|------------------------------|
| | | Fund Obligate arter Ending Da | | | | Reasons for Revised Target Dates | |
| | Original | Revised | Actual | Original | Revised | Actual | |
| ND030 | 9/13/07 | | | 9/13/09 | | | |
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5-Year Plan for Fiscal Years: 2005 - 2010

Annual Plan for FY 20005

PHA Name: HA Code: ND030

| | Annual Statement/Performance and Evaluation Report | | | | | | | | | |
|------|--|---------------------|----------------------------------|--------------------|--|------------------|----------------------------|---|---|------------------------------|
| | Capital Fu Part III: I | O | | - | und Prog | ram Replace | ement Housin | g Fact | or (CFP/CFPRH | IF) |
| | PHA Name: Benson County HA Grant Type at | | | | | n No: ND06P03050 | 105 | | | Federal FY of Grant: 2005 |
| | - | | l Fund Obligat arter Ending D | | | Reason | s for Revised Target Dates | | | |
| | · · · · · · · · · · · · · · · · · · · | | | Actual r Year 2 | Original Revised A Work Statement for Year 3 FFY Grant: 2006 PHA FY: 12/31 | | FFY | rk Statement for Year 4 Grant: 2007 A FY: 12/31 | Work Statement for Year 5 FFY Grant: 2008 PHA FY: 12/31 | |
| | | Annual Statement | | | | | | | | |
| ND03 | 0 | | | | 30,000 | | 30,000 |) | 30,000 | 28,429 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | funds Listed for planning | | | | 30,000 | | 30,000 | | 30,000 | 28,429 |
| | cement Housing Funds | | | | | | | | | |

5-Year Plan for Fiscal Years: 2005 - 2010

Annual Plan for FY 20005

PHA Name: HA Code: ND030

IA Code. ND03

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities

| Activities for Year 1 | | Activities for Year: 2 FFY Grant: 2006 PHA FY: 12/31 | | Activities for Year: 3 FFY Grant: 2007 PHA FY: 12/31 | | | |
|-----------------------------|----------------------------|--|-----------------|--|--------------------------|----------------|--|
| | Development Name/Number | Major Work Categories | Estimate d Cost | Development Name/Number | Major Work Categories | Estimated Cost | |
| e Se | ND030 | Operations | 5,000 | ND0030 | Exterior Lighting | 6,000 | |
| A nnual | ND030 | Replace Sidewalk | 10,000 | ND030 | Replace Fire Alarm | 15,000 | |
| Statement | ND030 | Sheds for houses | 2,500 | | Remodel House | 9,000 | |
| | ND030 | Roofing- Apts. | 5,000 | | | | |
| | ND030 | Remodel house for handicap | 7,500 | | | | |
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PHA Name: 5-Year Plan for Fiscal Years: 2005 - 2010 Annual Plan for FY 20005 HA Code: ND030

Total CFP Estimated Cost 30,000 30,000

5-Year Plan for Fiscal Years: 2005 - 2010

2010 Annual Plan for FY 20005

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

PHA Name:

HA Code: ND030

| art II. Suppor | ting I ages— work | 1CH VILICS | T . | | | | | |
|----------------------------|---|----------------|----------------------------|----------------------------|-----------------------|--|--|--|
| | Activities for Year: 4 | | | Activities for Year: 5 | | | | |
| | FFY Grant: 2008 | | FFY Grant: 2009 | | | | | |
| | PHA FY: 12/31 | | PHA FY: 12/31 | | | | | |
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost | | | |
| ND030 | Operations | 5,000 | ND030 | Operations | 5,000 | | | |
| ND030 | Replace Furnaces with baseboard heaters | 25,000 | ND030 | Relocate Houses 21 & 22 | 25,000 | | | |
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| Total CFP | Estimated Cost | 30,000 | | | 30,000 | | | |

Annual Plan for FY 20005

ime: 5-Year Plan for Fiscal Years: 2005 - 2010 Annual Plan for FY

PHA Name: 20005

HA Code: ND030

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

| Annu | ial Statement/Performance and Evaluation Re | eport | | | | | | |
|---------------------------------|---|--------------------------|--|----------------------|----------|--|--|--|
| Capit | tal Fund Program and Capital Fund Program | Replacement Housi | ing Factor (CFP/CFP) | RHF) Part I: Summ | ary | | | |
| PHA N | ame: | Grant Type and Number | | | Federal | | | |
| | | Capital Fund Program Gra | | | FY of | | | |
| Benson County Housing Authority | | Replacement Housing Fac | ctor Grant No: | | Grant: | | | |
| | ginal Annual Statement Reserve for Disasters/ Emer | gangias Davised Ann | ual Statament (navigion ne | ·) | | | | |
| | formance and Evaluation Report for Period Ending: | | and Evaluation Report | J.) | | | | |
| Line | Summary by Development Account | | Total Estimated Cost Total Actual Cost | | | | | |
| Bine | Summary by Development Treesum | Original | Revised | Obligated | Expended | | | |
| 1 | Total non-CFP Funds | | | 0.02 -8 -0.00 | | | | |
| 2 | 1406 Operations | | | | | | | |
| 3 | 1408 Management Improvements | | | | | | | |
| 4 | 1410 Administration | | | | | | | |
| 5 | 1411 Audit | | | | | | | |
| 6 | 1415 Liquidated Damages | | | | | | | |
| 7 | 1430 Fees and Costs | | | | | | | |
| 8 | 1440 Site Acquisition | | | | | | | |
| 9 | 1450 Site Improvement | | | | | | | |
| 10 | 1460 Dwelling Structures | | | | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | | | |
| 12 | 1470 Nondwelling Structures | | | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | | | |
| 14 | 1485 Demolition | | | | | | | |
| 15 | 1490 Replacement Reserve | | | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | | | |
| 18 | 1499 Development Activities | | | | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | | | | |
| 20 | 1502 Contingency | | | | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | | | | | | | |
| 22 | Amount of line 21 Related to LBP Activities | | | | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | | | | |

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

| Part II: Supportin PHA Name: | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | Federal FY of Grant: | | | |
|--|---|----------------|----------|----------------------|----------------------|--------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct Quar | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
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| Capital Fund Pro Part III: Implem | _ | _ | unu I I Ug | rum Kepiac | cinciit Housi | ng i actor | (CII/CII MIII) |
|--|----------|----------------------------------|--|------------|---|------------|----------------------------------|
| PHA Name: | <u> </u> | Grant Capita | Type and Nun al Fund Program cement Housin | n No: | | | Federal FY of Grant: |
| Development Number Name/HA-Wide Activities | | Fund Obligate arter Ending Da | | | ll Funds Expended uarter Ending Date | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
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| Capital Fund Program Five-Year Action Plan | | | | | | | | |
|--|---------------------|--|---|--|--|--|--|--|
| Part I: Summary | | | | | | | | |
| PHA Name | | | | ☐ Original 5-Year Plan☐ Revision No: | | | | |
| Development Number/Name/HA-Wide | Year 1 | Work Statement for Year 2 FFY Grant: PHA FY: | Work Statement for Year 3 FFY Grant: PHA FY: | Work Statement for Year 4 FFY Grant: PHA FY: | Work Statement for Year 5 FFY Grant: PHA FY: | | | |
| | Annual Statement | | | | | | | |
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| CFP Funds Listed for 5-year planning | | | | | | | | |
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| Replacement Housing Factor Funds | | | | | | | | |

| | ital Fund Program Five | | | | | | |
|-----------------------|----------------------------|---|-------------------|---|--------------------------|-------------------|--|
| Activities for Year 1 | pporting Pages—Work Acti | Activities vities for Year : FFY Grant: PHA FY: | | Activities for Year: FFY Grant: PHA FY: | | | |
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost | |
| See | | | | | | | |
| Annual | | | | | | | |
| Statement | | | | | | | |
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| | Total CFP Estimated | l Cost | \$ | | | \$ | |

| Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities | | | | | | | | |
|--|--------------------------|-----------------------|-------------------------|--------------------------|-----------------------|--|--|--|
| | ities for Year : | | Activities for Year: | | | | | |
| FFY Grant: PHA FY: | | | FFY Grant: PHA FY: | | | | | |
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost | | | |
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| Total CFP Estimated Cost \$ | | | | | \$ | | | |